

KUTUMB SWASTHYA BIMA MICRO INSURANCE PRODUCT

CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY - HEALTH

This document provides key information about your policy. You are also advised to go through your policy document.

Sl. No.	Title	Description (Please refer to applicable policy clause number in next column)	Policy Clause Number												
1.	Name of Insurance Product/ Policy	Kutumb Swasthya Bima Micro Insurance Product													
2.	Policy Number	XXXXXXXXXXXXXXXXXXXXXXX													
3.	Type of Insurance Product/ Policy	Benefit													
4.	Sum Insured (Basis)	<div>Sum Insured details<table><tr><td>Sr. No.</td><td>Insured Name</td><td>Base Sum Insured</td></tr><tr><td></td><td></td><td>Refer Point 5</td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table><p>Note: This is the base Sum Insured for policy. Please refer the policy schedule for cover wise limits.</p></div>	Sr. No.	Insured Name	Base Sum Insured			Refer Point 5							
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		Refer Point 5													
5.	Policy Coverage (What the Policy Covers)	<div>Covers: Plan Type -<table><tr><th>Sr. No.</th><th>Cover Name</th><th>Cover Description</th><th>Base</th></tr><tr><td>1</td><td>Tele-consultation Benefit</td><td>Tele Consultation (calls per family per annum)</td><td>Upto 4 calls per month, subject to maximum of 24 calls per annum</td></tr><tr><td>2</td><td>Personal Accident (For Primary Insured Only)</td><td>a) Accidental Death b) Permanent Total Disablement</td><td>₹1,00,000</td></tr></table></div>	Sr. No.	Cover Name	Cover Description	Base	1	Tele-consultation Benefit	Tele Consultation (calls per family per annum)	Upto 4 calls per month, subject to maximum of 24 calls per annum	2	Personal Accident (For Primary Insured Only)	a) Accidental Death b) Permanent Total Disablement	₹1,00,000	C. Scope of Cover
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2	Personal Accident (For Primary Insured Only)	a) Accidental Death b) Permanent Total Disablement	₹1,00,000												
6.	Exclusions (What the policy does not cover)	<div>Following is a partial list of the policy exclusions. Please refer to the policy document for the complete list of exclusions:<div>a. Criminal Act b. Suicide & Self-Inflicted Injury c. Any medical treatment outside India.</div></div>	D. General Exclusions												

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		<ul style="list-style-type: none"> d. Persons enrolled in Armed Services, Military Establishment of any Country. e. Accidents under influence of Alcohol, Drugs, or other Intoxicants f. Injury because of participation in Riot, Felony, Crime or Civil Commotion. g. Learning or operating any Aircraft. h. War, Civil War, Invasion, Insurrection, Revolution, Act of Foreign Enemy etc. i. Nuclear Damage j. Injury because of participation Adventure & Dangerous sports. 	
7.	Waiting period	Not Applicable	D. General Exclusions
8.	Financial Limits of the Coverage	Not Applicable	
9.	Claims / Claims Procedure	<ul style="list-style-type: none"> • For claims the Insured Person may submit the necessary documents to TPA/Company within the prescribed time limit as specified in the Policy Wordings. • For Reimbursement of Claim: Turn Around Time (TAT) for claim settlement <ul style="list-style-type: none"> i. TAT for pre-authorization of cashless facility - within 1 hour from receipt of complete documents. ii. TAT for cashless final bill settlement - within 3 hours from receipt of complete documents. • Hospital Network details can be obtained from link: https://www.sbigeneral.in/portal/contact-us/hospital • Toll Free number: 1800 210 3366, 1800 210 6366 • List of Hospitals which are blacklisted or from where no claims will be accepted by the insurer is available in below link: https://www.sbigeneral.in/contact-us/hospital • Claim forms can be downloaded from below link: https://www.sbigeneral.in/claim/claims-form-download <p>Note: For cover wise claims procedure, please refer to policy wordings.</p>	E.4) Conditions when a claim arises
10.	Policy Servicing	<p>Email: customer.care@sbigeneral.in</p> <p>Toll-Free number 1800 102 1111 (Available 24/7) For agents and intermediaries 1800 22 1111 (Available 24/7)</p> <p>Website: www.sbigeneral.in</p>	

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11.	Grievances/ Complaints	<p>If You have a grievance about any matter relating to the Policy, or Our decision on any matter, or the claim, You can address Your grievance as follows:</p> <p>Stage 1: Bima Bharosa You can register your grievances with the regulator using the following link: https://bimabharosa.irdai.gov.in/Home/Home</p> <p>Stage 2: Head – Customer Care Alternatively, if you wish to register your grievances directly with us, you may write to the Head – Customer Care. We aim to respond to all Grievances within 7 days. In our initial acknowledgement of receipt letter, we will provide the name and title of the person that is handling your Grievance. This individual will have the authority necessary to investigate and resolve the Grievance. Email: head.customercare@sbigeneral.in Toll-Free Number: 1800 102 1111 (Available 24/7) For Senior Citizens: Senior citizens can reach us through the following dedicated channels: Email: Seniorcitizengrивences@sbigeneral.in Toll-Free Number: 1800 102 1111 (Available 24/7)</p> <p>Stage 3: Grievance Redressal Officer (GRO) In case, you are still not satisfied with the decision/resolution communicated by the above officer or have not received any response within 5 Business days, you may escalate the matter to the Grievance Redressal Officer (GRO) which will undergo a detailed case investigation, and we aim to resolve the issue within 7 days from the date of receipt of your Grievance at GRO Desk Email: gro@sbigeneral.in Phone: 022-45138021 Note: - The Company shall endeavour to maintain the regulatory TAT of 14 days in resolving your grievances.</p> <p>Stage 4: Escalation to Insurance Ombudsman If you feel that the response to your Grievance was unsatisfactory, or if you believe your concerns have not been adequately addressed by the company, you may escalate the matter to the Insurance Ombudsman. Submit your Grievance online: https://www.cioins.co.in/Ombudsman</p>	E.5) Grievances Redressal Procedure During the Contract
12.	Things to remember	<ol style="list-style-type: none"> 1. Free Look Cancellation: The insured will be allowed a period of at least 30 days from the date of receipt of the policy to review the terms and conditions of the policy and to return the same if not acceptable. For detailed conditions and refund summary, please refer to policy wordings. 2. Policy renewal: The Policy shall ordinarily be renewable provided the product is not withdrawn, except on grounds of established fraud or non-disclosure or misrepresentation by the Insured Person. 	<p>E. 2) Conditions Applicable During the Contract,</p> <p>E.3) Conditions applicable during renewal of the Policy:</p>

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13.	Your Obligations	<p>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.</p> <p>Disclosure of Information:</p> <p>The Policy shall be void and all premiums paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description, or non-disclosure of any Material Fact by the Policyholder.</p>	E.1) Conditions Precedent to the Contract, clause 3

Declaration by the Policy Holder: I have read the above and confirm having noted the details

Place:

Date:/...../.....

Signature of the Policyholder

- a) For product related documents including Customer Information Sheet, kindly refer to the below link: <https://www.sbigeneral.in/downloads>
- b) In case of any conflict, the terms and conditions mentioned in the policy document shall prevail